



City of Newport

DEPARTMENT OF FINANCE
LICENSE DIVISION

859-292-3660

FOR OFFICE USE ONLY CN-3

Date _____

License No. _____

PT _____ MR _____

PR _____ FL _____ BL _____

MAKE PAYABLE TO: CITY OF NEWPORT

RETURN TO: DEPT. OF FINANCE, LICENSE DIVISION
P.O. BOX 1090
NEWPORT, KENTUCKY 41071-1090

APPLICATION FOR ALCOHOLIC BEVERAGE LICENSES

ALL FEES ARE PAYABLE WHEN APPLICATION IS FILED

1. Application for new license ☐ or Transfer From _____ To _____

2. TYPE OF LICENSE

___ NQ-2 Non-Quota Retail Drink \$1,000.00

___ Quota Retail Drink \$1,000.00

___ NQ-3 Non-Quota Retail Drink \$300.00

___ Quota Retail Package \$1,000.00

___ NQ-4 Non-Quota Retail Malt Beverage Drink \$200.00

___ Caterer's \$800.00

___ NQ Non-Quota Retail Malt Beverage Package \$200.00

___ Extended Hours \$3,000.00

___ Secondary NQ/NQ-4 Malt Beverage \$50

___ Special Temporary No. _____ \$150.00 (\$50 for each additional)

___ Special Sunday Retail Drink \$300

___ Distilled Spirits & Wine Special Temporary Auction \$200.00

___ Supplemental Bar (Each, up to 5) No. _____ \$1,000.00

___ Limited Restaurant Drink (LR100 & LR50) \$1,200.00

___ Microbrewery \$500.00

___ License Type not listed (_____)

3. APPLICANT INFORMATION

Name of Applicant _____

Trade Name or DBA _____

Addresses _____

Newport Location _____ Tel. No. _____

Mailing Address (If different from Newport Location) _____

Street _____ City _____ State _____ Zip _____

Date Operation Intended to Start _____ / _____ / _____

4. CHECK TYPE OF OWNERSHIP

☐ CORPORATION ☐ SOLE OWNER ☐ PARTNERSHIP

5. CORPORATION INFORMATION

If applicant is a corporation, please list corporate name exactly as it appears on your state and federal income tax return.

Corporate Name _____ Date of Incorporation _____

6. Give the following information for the business proprietor, partners, stockholders and all persons otherwise interested or who may become interested in the business to be licensed, and officers, directors and resident manager if business is incorporated.

NAME AND COMPLETE HOME ADDRESS	Phone No.	Nature of Interest in Business or Official Position (as Business Proprietor, Partner, Director, etc.)	Citizen of U.S.? (Answer Yes or No)	Date of Birth			Date Residence Established in KY., if Ky. Resident		
				Month	Day	Year	Month	Day	Year

Note - If space above is inadequate, complete on an attached schedule.

7. ACCOUNTING PERIOD

☐ Calendar Year ☐ Fiscal Year From _____ / _____ to _____ / _____ (please specify beginning of year)
Mo./Day Mo./Day

8. IDENTIFICATION NUMBER

Enter any of the following identification numbers which apply to your company.

FEDERAL EMPLOYER I.D. NUMBER (The number used to file Federal Income Tax) _____

KENTUCKY ACCOUNT NUMBER (The number used to file Kentucky Income Tax) _____

KENTUCKY EMPLOYER I.D. NUMBER (The number used to file Kentucky Withholding) _____

KENTUCKY SALES TAX NUMBER (The number used to file Kentucky Sales Tax Report) _____

SOCIAL SECURITY NUMBER (If you are sole proprietor) _____

9. Have any of the persons named in statement 6 had a license issued under any alcoholic beverage control law revoked for cause at any time? YES _____ NO _____ If answer is yes, attach a statement giving full explanation of each such revocation.
10. Have any of the persons named in statement 6 been convicted of a felony or misdemeanor directly or indirectly attributable to the use, manufacture, sale of or traffic in alcoholic beverages at any time? YES _____ NO _____ If any convictions have occurred at any time, attach a statement giving a full explanation of each such conviction.
11. Has any relative either by blood or marriage, of the applicant had an alcoholic license revoked? YES _____ NO _____ If answer is yes, attach a statement giving full details.
12. Is the applicant the owner of the premises to be licensed? YES _____ NO _____ If the answer is no you must file a copy of your lease covering the full license period for the premises to be licensed. Give date lease expires: _____ If the applicant is not the owner of the premises to be licensed give:
Name (Premise Owner) _____ Address _____ Age _____ Citizenship _____
13. Have the premises been licensed for the sale of distilled spirits and wine at retail at any time during the past twelve months? YES _____ NO _____ If answer is yes, attach a statement giving a full explanation.
14. Has an alcoholic beverage license been revoked for these premises? YES _____ NO _____
If yes, give license number _____ and by whom _____
15. Is the entire license fee paid by the applicant and by no other persons? YES _____ NO _____

16. PAYROLL WITHHOLDING FEE

Will you have employees working in Newport? ☐ YES ☐ NO

The City of Newport also has a withholding fee of 2½% of the gross wages paid to employees while they are working within the city limits. It is the responsibility of the business owner to withhold these fees and submit them to the City on a quarterly basis. Forms will be provided. If you wish to have the withholding forms sent to an address other than that listed in item no. 3, please indicate below:

Name _____

Address _____

17. EMPLOYMENT OF ENTERTAINERS

Will you be employing entertainers on a contract basis? ☐ YES ☐ NO

All persons employed as entertainers on a contract basis must pay the city's occupational licensing fee. Owners employing entertainers have two options for payment:

- The owner may require that each entertainer obtain their own occupational license.
- The owner may agree to withhold 2½% of the total contract and pay this amount to the city on a quarterly basis.

A signed written agreement indicating the owner's option is required.

AFFIDAVIT

STATE OF KENTUCKY

Sct.

COUNTY OF

I, _____, of _____,
(Name of person signing affidavit) (Title or position) (Name of Applicant)

do hereby solemnly swear or affirm that all statements made and information given in this application, accompanying documents and other materials are true and correct to the best of my knowledge, information and belief, and that I am familiar with all laws, rules and regulations, governing the business for which application is made, and that in the conduct of the business authorized by the license herein applied for all such laws, rules, and regulations will be strictly obeyed, and that I have read KRS 243.500 of the Alcoholic Beverage Control Law relative to causes for revocation or suspension of license.

Signature of Applicant X

Sworn to and subscribed before me this _____ day

of _____, 20____

My Commission expires _____

_____, Notary Public

X _____
CHIEF OF POLICE

X
CITY ALCOHOLIC BEVERAGE ADMINISTRATOR

- ☐ Attach a form of payment for all license fees due?
- ☐ Answer each question **fully** on the form.
- ☐ **Sign** the application and have **notarized**.
- ☐ Attach a copy of your lease agreement if you do not own the property.
- ☐ Attach a copy of the State of KY ABC application
- ☐ Attach a copy of the background checks
- ☐ Attach IRS designation if a non-profit organization
- ☐ Attach Articles of Organization

[illegible]

APPLICATION FOR EXTENDED HOURS PERMIT

Date _____

Your liquor and/or beer license permits you a closing time of 1:00 A.M. It is only necessary to complete this section if you choose to apply for a closing hour later than that. For items 1-7, whatever information is the same as that listed on the alcoholic beverage application can be marked as "same".

1. APPLICANT NAME _____
2. HOME ADDRESS _____
3. DATE OF BIRTH _____ SOCIAL SECURITY NUMBER _____
4. HOME PHONE NUMBER _____ BUSINESS PHONE NUMBER _____
5. BUSINESS NAME _____
6. BUSINESS ADDRESS _____
7. If owner is a corporation, list name, address, date of birth, and social security number of all officers.

_____	_____
_____	_____
_____	_____
_____	_____

8. Has the applicant(s) or any member of the corporation been convicted of any felony or any misdemeanor related to the use of alcoholic beverages within two (2) years from date of application? YES _____ NO _____.
9. Has the applicant(s) or any member of the corporation ever had a City of Newport Extended Hours Permit revoked for cause? YES _____ NO _____.
10. List the name(s), address, date of birth, and social security number of any person who will act as resident manager, if not the owner.

_____	_____
_____	_____
_____	_____

11. Has the applicant been issued any licenses to sell alcoholic beverages? YES _____ NO _____.
If so, list date of approval _____.
12. Does applicant own the building in which the business will be operated? YES _____ NO _____.
If no, list the name and address of property owner.

Signature of property owner _____

13. Does applicant understand that an Extended Hours Permit is not a property right and that it can be suspended or revoked at any time pursuant to law? YES _____ NO _____.

SIGNATURE OF APPLICANT X _____

Subscribed and sworn to before me by applicant: _____
 This _____ day of _____, _____

 My Commission Expires _____

Name of Applicant

Notary Public

A check of the appropriate records has revealed that the applicant has no felony convictions or misdemeanor convictions related to the use of alcoholic beverages within two (2) years from the date of this application.

X _____
 CHIEF OF POLICE

_____The business address on this application is not located in a residential area.
 _____The business address on this application is a continuation of an existing Extended Hours Permit.

X _____
 ZONING ADMINISTRATOR

THIS APPLICATION:
 _____APPROVED
 _____DISAPPROVED

LICENSE INSPECTOR X _____
 DATE _____

APPEAL: YES _____ NO _____ DATE OF APPEAL _____